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Bib Data Sheet

CONFIRMATION NO. 5963

<b>SERIAL NUMBER</b> 09/927,757	<b>FILING DATE</b> 08/09/2001 <b>RULE</b>	<b>CLASS</b> 607	<b>GROUP ART UNIT</b> 3762	<b>ATTORNEY DOCKET NO.</b> AB-124U1
<b>APPLICANTS</b> Todd K. Whitehurst, Sherman Oaks, CA; James P. McGivern, Stevenson Ranch, CA;				
** CONTINUING DATA ***** THIS APPLN CLAIMS BENEFIT OF 60/229,167 08/30/2000				
** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY ** ** 09/13/2001				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 6	<b>TOTAL CLAIMS</b> 48
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after allowance				
Verified and Acknowledged Examiner's Signature <i>Michael B. Smith</i> Initials <i>MB</i>		<b>INDEPENDENT CLAIMS</b> 3		
<b>ADDRESS</b> 000023845				
<b>TITLE</b> Spinal cord stimulation as a therapy for sexual dysfunction				
<b>FILING FEE RECEIVED</b> 607	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	